



PROPERTY CONTROL RECORD AND EQUIPMENT CERTIFICATION

Provide an inventory of all assets designated as equipment, and any item capable of reassignment purchased with federal funds during the life of the grant. All weapons (lethal or not) must be listed with Serial Numbers regardless of unit cost.

Authorizing Agency: _____

Implementing Agency: _____

Agreement Description: _____

Agreement ID: _____

Program Director: _____

E-mail Address: _____

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	

I, the undersigned certify that the equipment approved in the above referenced grant was purchased and installed in compliance with grant regulations and guidelines. The completed Property Control Record and equipment photos have been uploaded to GEMS along with applicable supporting documentation.

Print Name

Signature

Date

For more than 3 items, please complete additional forms. Please collate and number multiple forms as follows. For example, if you have three forms. Number the forms in this format: Page 1 of 3: Page 2 of 3: Page 3 of 3 and so forth.



Agreement Description:

Agreement ID:

Equipment Information	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
Item Description:	
Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	
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Serial No./ID No.:	Asset No.:
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Serial No./ID No.:	Asset No.:
Purchased Date:	Vendor:
Cost:	Purchased by:
Insurance Coverage:	Assigned to:
Equipment location:	
Equipment purpose:	